

APPLICATION FOR REGISTRATION OF AN ADDITIONAL QUALIFICATION

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:
The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking mail.**
553 Madiba Street, Arcadia, Pretoria 0083

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____

Professional Board: _____

I, (Dr, Mr, Mrs, Miss) _____ Surname: _____

Maiden name (if applicable): _____

First names: _____ Identity No.: _____

Postal address: _____ Postal code: _____

Residential address: _____ Postal code: _____

Tel (H): _____ (W): _____

Cell: _____ Fax: _____

Email: _____

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

Received on _____

Amount _____

Receipt No. _____

No. _____

Reg. Date _____

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: _____

hereby apply to register the additional qualification _____ and declare that I am the person referred to in the attached certificate or qualification referred to below. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: _____ **Date:** _____ **20**

Signature: _____

Date: _____

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- 1. A copy of the proof of payment. Refer to prescribed fee for your Professional Board on the attached fees schedule
 - 2. A copy of my marriage certificate (should you wish to register in your married surname).
 - 3. My original degree/diploma certificate (a copy will only be accepted if certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp.) Copies certified by a Commissioner of Oaths **will not be accepted.**
- OR**
- 4. Section C duly completed.

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

Name of University/University of Technology/College: _____

It is hereby certified that _____ complied with all the requirements for the Degree/Diploma/Certificate _____ of this institution on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued at a graduation ceremony on _____ (day) _____ (month) _____ (year).

I consider him/her to be a competent and fit person to practice as a _____

WE RECOMMEND him/her for registration

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD _____ **DATE** _____

SIGNATURE: REGISTRAR/PRINCIPAL _____ **DATE** _____

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.

**PRESCRIBED FEE FOR REGISTRATION OF AN
ADDITIONAL QUALIFICATION**

Professional Boards		FEE
1.	Dental Therapy and Oral Hygiene	R253.00
2.	Dietetics and Nutrition	R229.00
3.	Emergency Care	R278.00
4.	Environmental Health	R235.00
5.	Medical and Dental, Medical Science	R300.00
6.	Medical Technology	R229.00
7.	Physiotherapy, Podiatry and Biokinetics	R229.00
8.	Psychology	R231.00
9.	Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy	R228.00
10.	Optometry and Optical Dispensing	R229.00
11.	Radiography and Clinical Technology	R228.00
12.	Speech, Language and Hearing	R240.00